PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

'Application or Docket Number

CLAIMS AS FILED - PA (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS.			16					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			16 minus 20=		9			X\$ 9=		OR	X\$18=	. 16-1,
INDEPENDENT CLAIMS			/ minus 3 =		4			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		1	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	278	OR OR	TOTAL	
928 CLAIMS AS AMENDED - PART II								·	13/1	UH	OTHER	THAN
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.20	Minus	** 20	9	• Q		X\$ 9=		OR	X\$18=	
	Independent	- 3	Minus	*** 3				X42=		OR	X84=	i j
	FIRST PRESE	NTATION OF M	JUNPLE DE	PENDENI	CLAIM	· - - - - - - - - -]	+140=		OR	+280=	
								TOTAL			TOTAL	
		(Column 1)		(Colur	(Column 2) (Column 3)			ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	П	X42=		OR	X84=	
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM		J	+140=		OR	+280=	
TOTAL										OR	TOTAL	
AC										Un	ADDIT. FEE	
		(Column 1) CLAIMS		(Colur HIGH		(Column 3)	1 .		100:	. 1		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X42=	7	OR	X84=	
	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDENT	CLAIM]	-		On		
•	if the entry in colu	mn 1 is less than th	ne entry in colu	ımn 2. write	*O" in col	umn 3.	l	+140= TOTAL		OR	+280=	_
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.* **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.* **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.*												<u></u>
		nber Previously Pai					er fou	nd in the app	ropriate box	in col	umn 1.	

FORM PTO-875 (Rev. 12/02)

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